



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Air Management
Engineering & Enforcement Division

DEP USE ONLY	
TOWN: _____	PREM: _____
CLIENT: _____	
AFS ID: _____	
REPORT ID: _____	

**General Permit to Limit Potential to Emit
Notification of Exceedance Report**
(Submit this report by FAX to 860-424-4082.)

Part I: Facility Information

1. Premises Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	-
Business Phone: - -	ext.	Fax: - -	
Contact Person:	Title:		
E-Mail:			
2. Premises Address:			
City/Town:	State:	Zip Code:	-
3. Registration Number: - -	-GPLPE		Issue Date: / /
4. <input type="checkbox"/> 24-Hour notification <input type="checkbox"/> 10-Day Notification			
5. If a 24-Hour notification provide a description of imminent and substantial danger posed and steps taken to alert and protect the public:			

Part II: Certification

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense under Sections 22a-175 of the Connecticut General Statutes, under 53a-157b of the General Statutes, and in accordance with any other applicable statute.	
I certify that the signature of the registrant or the permittee, or a duly authorized representative, being submitted herewith complies with Section 22a-174-2a(a) of the Regulations of Connecticut State Agencies."	
Signature _____	/ / Date
Name (print or type)	Title (if applicable)

Part III: GPLPE Notification of Exceedance Report – List of Violation Details

Pollutant	Violation Period			Description, Cause or Likely Cause of Violation	Magnitude of Violation	Description and Date(s) of Actions Taken to Correct Violation	Description and Date(s) of Measures Taken to Prevent Future Violations
	Start	End	Ongoing				
	Date	Date					
	/ /	/ /	<input type="checkbox"/>			Date: / /	Date: / /
	/ /	/ /	<input type="checkbox"/>			Date: / /	Date: / /
	/ /	/ /	<input type="checkbox"/>			Date: / /	Date: / /

Submit original completed forms to:

COMPLIANCE ANALYSIS COORDINATION UNIT
 BUREAU OF AIR MANAGEMENT
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CONNECTICUT 06106-5127